

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

QUARTERLY REPORT

Project Name: Children's Mental Health Initiative Prepared by: DeDe Sieler
Date: April 26, 2004
Quarterly Report Period(s): September 2003 through February 2004

I. Goals of the Project:

- *Have there been any changes in the goals of the project this quarter and for what reasons?* None

If there are no changes, describe progress toward achievement of the goals as described in your application.

1.) Outcome-driven service delivery, supported by rigorous evaluation.

Progress continues in service delivery, with committees focusing on outcomes of programs and projects funded by the grant and the review of the evaluation data from Portland State University.

The Community of Care Advisory Council (COCAC) continues to focus their ongoing discussions and efforts on the sustainability of the projects which are making a positive impact on the children and families in the community. A number of individuals from the community attended the System of Care Grantee meeting in San Antonio, Texas in January, 2004. The COCAC will be utilizing the sustainability tool kit obtained at the meeting in order to measure local community efforts.

2.) System Wide Management Information System

The implementation of the new Creative Sociomedic software has taken place. All Clark County agencies went "live" in September 2003 with all data being current by 11/30/03.

3.) Enhanced involvement of consumers at all levels of the system of care

Previous quarterly reports detailed work that had been completed by the Family Action Committee Respite Care Subcommittee. The priority recommendation that was brought forward by families within the community was that the COCAC should work towards "supporting the expansion of existing respite care programs". Specifically named was a program called Caring Connections which has shown a great amount of success in the community. Discussions occurred with the recommended agency and a number of follow-up steps were identified as needing to occur in order to meet the requests of families who have children with serious emotional disturbances. The provider contract to address the request for expanded respite care is effective 3/04.

The Community Partners Committee continues to do outreach and provide support to families that need support in moving forward with the challenges they face. The number of families accessing the committee during the reporting period was 4. The common request from families was around accessing the Children's Long-Term Inpatient Programs (CLIP). Through the work of the Community Partners Committee and the commitment of the service providers involved with each family, the children have remained within the community with their family. New members to the Community Partners Committee include representation from the Vancouver School District and Juvenile Rehabilitation Services.

Family members continue to participate as partners supporting families in services, and as members of all committees. The involvement of parent partners and family specialists at all levels of the system of care has proven to be an invaluable resource and support for families as they receive support from agencies within the community.

4.) Development of a Children's Trust Fund

Flex funds continue to be disbursed to families with children in services. Recommendations for sustaining funding and developing or creating funds disbursed through a non-profit (The Youth Foundation) continue to be under consideration as a part of the sustainability recommendations that are being worked on by the COCAC.

5.) Expanded system of case finding, screening and assessment

Outreach to school personnel, service providers, and families in terms of access to mental health services continues on an ongoing basis.

6.) Cross system program for increased cultural competence

On October 10, 2003, the Clark County Cultural Competency Committee sponsored the annual cultural competency training. The focus of the training was on *"Expanding the Meaning of Culture"*. The training was led by Dr. Donna M. Beegle who is a highly experienced public speaker, discussion leader, trainer and author. Discussion focused on expanding the meaning of culture above and beyond its' typical definition with the emphasis being placed on the culture of poverty.

7.) Enhanced capacity for resource mapping and asset identification

Networking with county and other community initiatives continues to assure that access to resources are available to families. During a General Membership meeting held on October 2, 2003 representatives from mental health, school districts, juvenile justice, developmental disabilities, health district, alcohol and drug services, child and family services and prevention programs presented information on the total amount of funding that flows into Clark County to provide services to children. A 15' banner displaying all of the information was hung on the wall and used as a visual during the presentation. The banner was developed in a manner that would allow the updating of fiscal information on an as needed basis. Community representatives answered questions from families and other community members. This type of effort was a tremendous undertaking and was only successful because of the collaboration and relationships that exist within the community. The banner was reduced to a much smaller size and is available to give to community members. (Appendix I)

Appendices I

- **Children's Funding Stream Banner**

II. Target Population of Children who have Serious Emotional Disturbances:

- *Number of children newly enrolled in services this quarter only:*

During the last reporting period, the Department of Community Services was in the process of converting to a new Management Information System, therefore we were unable to report on enrollment. The number of children newly enrolled in services from June 1, 2003 to February 29, 2004 was 181.

- *Number of children served to date:*
721 as of 2/29/04
- *How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?*

The enrollment reported to date continues to reflect the high percentage of Caucasian population with fewer diverse populations.

- *Across all systems partners; how many children, as of this reporting period, are currently being served:*
Out of state: 5
Out of Community: 9

III. Child and Family Services/Supports:

- *Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?*

All mandated services continue to be provided.

- *Have barriers to development and implementation of the mandated services been identified and how are they being addressed?*

Work continues on sustaining services implemented with grant dollars. Alternate funding sources have been identified for a number of the initiatives currently being funded through CMHI grant dollars. The Community of Care Advisory Council is continuing to meet on a monthly basis to discuss alternate resources for those programs where funding has yet to be identified and/or secured.

The Community Partners Committee continues to meet with families to support them in accessing services and or resources not readily available. A summary of family meetings is captured in the Community Partners Children and Family Assistance Matrix (Appendix II).

Appendices II

- **Community Partners Children and Family Assistance (matrix)**

IV. System Level Coordination/Infrastructure and Management Structure:

- *Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.*

Resignations and appointments to the Community of Care Advisory Council (COCAC) included the following:

All appointed positions remain the same.

School Representative:	Resigned:
	Ricky Allen
	Vancouver School District
	Reasons for resignation were cited as time constraints and other obligations.

- *Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.*

Portland State University/Regional Research Institute completed a presentation to the public at the February, 2004 general membership meeting. This presentation focused on the mental health/juvenile justice blended funding program called Connections. The data presented was on recidivism and child functioning (Appendix C). Highlights of the data presented were that the youth in the Connections program 1.) Are less likely to re-offend 2.) Take longer to re-offend 3.) Re-offend less often, and 4.) Re-offend with less serious crimes.

A Working Agreement between the Clark County Regional Support Network and the DSHS Division of Children and Family Services /Region VI was signed in December, 2003. The purpose of the agreement is to create a structure that promotes a productive working relationship between the CCRSN and DCFS to accomplish a joint/common mission. The working agreement states that "it is the common mission of both agencies to provide services to children and families that are guided by system of care principles which include strengths-focused, community-based, flexible, coordinated and individualized services." **(Appendix III).**

In February 2004, Clark County submitted a final report to the Washington State Legislature as a demonstration site under ESHB 2574 **(Appendix III)**. ESHB 2574 stipulated that the Secretary of the Department of Social and Health Services establish demonstration sites for statewide implementation of a children's system of care.

Exceptional Efforts Awards were also presented to three community members. A subcommittee of the Family Action Committee was responsible for developing guidelines and continues to be responsible for selecting the award winners. A plaque with names of community members who have received the Exceptional Efforts Award is currently hanging in the Clark County Public Service Center in the lobby of the Board of County Commissioners office. The intent is for the awards to be presented each quarter to family members, providers and community members. The award is given for outstanding and inspirational actions in the area of service/support to members of the community.

- *List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?*

As identified in previous quarterly reports, the community completes a yearly update on the Youth Suicide Prevention Plan. More than 36 community members, including educators, and county officials, have researched national and statewide prevention programs as well as ways to develop positive youth outcomes.

The suicide prevention team prioritized the implementation of three programs during the upcoming year:

1. **Teen Talk:** A phone and Internet forum in which trained teen volunteers are available as an informal support system for young people or for adults who have questions regarding a teen in their lives. Ten teen volunteers are currently trained as well as an intern from Washington State University who provides back-up and support. The program was implemented on December 15, 2003. On January 28, 2004 a presentation on TeenTalk was made to the Clark County Mental Health Advisory Board (**Appendix III**).
2. **Applied Suicide Intervention Skills Training:** Trainers from the Community Empowerment project (a family run organization) have been trained to teach suicide intervention to caregivers, including professionals and volunteers. Six ASIST workshops are scheduled over the next year.
3. **Coping and Support Training Plus Parent Involvement:** A partnership with University of Washington, the program will work closely with at risk students in the school setting. Through group sessions and counseling, the program is designed to help students learn life skills and manage stress. Data will be collected for the Universities Research Project.

The Connections program at the Juvenile Justice Center and the School Proviso projects continue. Both of these programs are excellent examples of mental health joining with multiple systems to provide programs based upon system of care values and principles. In February, Portland State University presented

updated outcome information regarding the Connections project. A copy of that presentation is attached in the appendices.

- *Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.*

Throughout this report are a number of examples of our linkages with universities (Portland State University as well as the University of Washington).

- *Have barriers to any of the above listed activities been identified and if so, how are they being addressed?*

Improved communications and media coverage will help in making the community aware of needs. Funding possibilities will be discussed by agencies.

Appendices III

- **PSU Presentation on Connections 2/03**
- **Working Agreement**
- **ESHB 2574 Final Report to the Washington State Legislature**
- **TeenTalk Presentation 1/04**

V. Cultural Competence:

- *Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.*

A very successful community cultural competency training was held in October 2003 as previously outlined in this report. The training was attended by 73 members of the community and representation included service providers, family members, administrators, consumers, and youth. All child serving agencies were represented.

VI. Family Involvement:

- *Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.*

Families are involved in all grant activities. Family members are involved in the Advisory Council and are employed to complete data collection and dissemination of that data to the community. Family members are also employed at each mental health agency to serve in a support role to other families as well as participate in the discussions around service planning and policy development.

The Family Action Committee continues to work on outreach to families and network with other entities that focus on services for families.

The participation of families in the Community Empowerment Project continues to grow. This project was created with parent input and continues to address the training and technical assistance needs of families.

- *Have barriers been identified in family involvement and how are they being addressed?*

Turnover of family members on the advisory council continues to create a lack of continuity. The Community of Care Advisory Council continues to discuss with families a variety of ways to bring information to the council. This discussion is relevant to how the council may be structured in the future.

VII. Social Marketing/Public Education Campaign:

- *Describe any changes to your social marketing/public education plan this quarter?*

The Clark County Department of Community Services has placed enhanced efforts on the social marketing efforts through the hiring of a Public Information Officer, Geoff Knapp.

The Department of Community Services has twice convened a large group of mental health service providers to provide Medicaid-related updates and to foster collaboration on sustaining programs at-risk of losing funding. Collaboration was genesis of the creation of the volunteer-staffed Wellness Clinic serving those with mental health issues who are ineligible for Medicaid benefits.

- *How has the national campaign team helped you this quarter.*

Geoff Knapp, PIO for the Clark County Department of Community Services attended the System of Care Grantee meeting in San Antonio, Texas in January 2004. His participation created an opportunity for networking and discussion on using the social marketing/public education plan in our county's sustainability efforts.

- *Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?*

Efforts to widen the audience beyond the families and providers have been undertaken. Press releases promoting system of care initiatives received coverage for the Parent Partner program, TeenTalk launch, Medicaid change impacts, and mentoring month activities.

A public service announcement featuring Youth House teen volunteers was produced and will be used to promote TeenTalk web and phone referral services. Comcast has agreed to air 50 spots per month from 5/04 to 12/04 which will lend tremendous visibility for the program across all of Clark County.

- *Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.*

There are more opportunities and possibilities than there is time! It is also a challenge to connect the research data with the marketing message. Several meetings have been held with Portland State University to determine the best use of data for social marketing efforts as well as how to present a summary of the CMHI grant outcomes in a "Report to the Community".

Collecting family stories is important and continues to be one of the most effective means to assist with understanding.

VIII. Evaluation:

Clark County System of Care Evaluation Quarterly Reports

Regional Research Institute for Human Services, Portland State University September 1, 2003 to November 30, 2003

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

	Sept 2003 through Nov 2003	Cumulative total
Intake Descriptive Information Questionnaires	7	769
Number of children for whom baseline data collection is complete (youth and caregiver)	8	333
Number of children for whom 6-month follow-up data collection is complete	3	254
Number of children for whom 12-month follow-up data collection is complete	9	197
Number of children for whom 18-month follow-up data collection is complete	21	157
Number of children for whom 24-month follow-up data collection is complete	14	99
Number of children for whom 30-month follow-up data collection is complete	9	67
Number of children for whom 36-month follow-up data collection is complete	14	50

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at the Department of Corrections—Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

The FIS's continue to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above.

In September we stopped enrolling new families into the evaluation, with the exception of the Connections project.

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

- In October we presented to the Board of County Commissioners about outcome and cost findings in the Connections project. Download this presentation: <http://www.rri.pdx.edu/ClarkCo/pgCCPresentations.htm>
- In November we worked with the Research and Training Center to present at the American Evaluation Association conference about the benefits and challenges of partnering with family members in evaluation. Download this presentation: <http://www.rtc.pdx.edu/pgProjEvaluators.php>

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

During this quarter one of the Family Information Specialists went onto extended sick leave following major surgery. We transferred all of her interviews to the other interviewers, which required significant coordination among all of the interviewers.

Clark County System of Care Evaluation Quarterly Report

**Regional Research Institute for Human Services, Portland State University
December 1, 2003 to February 29, 2004**

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

	Dec 2003 through Feb 2004	Cumulative total
Intake Descriptive Information Questionnaires	16	785
Number of children for whom baseline data collection is complete (youth and caregiver)	3	336
Number of children for whom 6-month follow-up data collection is complete	5	259
Number of children for whom 12-month follow-up data collection is complete	13	210
Number of children for whom 18-month follow-up data collection is complete	22	179
Number of children for whom 24-month follow-up data collection is complete	19	118
Number of children for whom 30-month follow-up data collection is complete	9	76
Number of children for whom 36-month follow-up data collection is complete	8	58

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There was one full-time Family Information Specialist (FIS--interviewer) located at Columbia River Mental Health (CRMH), one full-time FIS at the Department of Corrections—Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

At the end of January, the FIS located at CRMH and the FIS located with Connections ended their working contracts with DCS. This was planned due to the decreased number of interviews because intake interviews were stopped in all agencies except Connections, and many families began finishing their involvement with the study as they reached 36-month interview windows. Additionally, the FIS working with PSU was out for all of this quarter to recover after surgery.

The FIS's continue to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above.

Much was accomplished this quarter on an analysis of recidivism in Connections. This required extensive work securing data from the juvenile justice management information system, importing it into PSU's computer system, and configuring it for analysis.

Evaluation staff also spent considerable time working on a qualitative analysis structure for summarizing the open-ended satisfaction information contained in the interviews. This structure was used to categorize all of the open-ended satisfaction information.

This very end of this quarter also saw the partial return of Paula Savage, who had been out on sick leave following surgery

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

- In December we released a data report about the lack of change in families' reporting of their resources over time. Download at: <http://www.rri.pdx.edu/ClarkCo/pgCCDataRpts.htm>
- In December we re-presented to the quality management meeting information about the Partnerships for Youth Transition and Connections projects.
- In January, we presented an "almost-final" report to CRMH. This presentation focused on data specific to CRMH, and is a preliminary look at final reports which we will compile for all of the agencies that we have significant information on. This presentation was done at this time because the FIS employed by CRMH was leaving and we wanted to have a final meeting with her in attendance.
- In January, we presented preliminary information about our findings on decreased recidivism in the Connections project at the System of Care Winter Grantee meeting in San Antonio, Texas. Download at: <http://www.rri.pdx.edu/ClarkCo/pgCCPresentations.htm>
- In February, we presented these preliminary findings to Ernie Veach-White and other Connections staff at juvenile justice to get feedback for possible changes before a presentation to the whole Connections staff.
- In February, we presented about the recidivism findings to the community of care general membership meeting. Download at: <http://www.rri.pdx.edu/ClarkCo/pgCCPresentations.htm>
- In February, we had two meetings with Geoff Knapp and others at DCS to discuss ways to use the Clark County System of Care data for social marketing efforts.

Many other reports, presentations, and general information is available on our website, www.rri.pdx.edu/ClarkCo.

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

The major barrier during this timeframe was staff turnover and staff leave due to recovery from surgery. As a team, we worked closely to ensure the smooth transition of interviews and responsibilities. The two staff members leaving the project took time to call or write each family they interviewed to thank them for the opportunity to visit their family, and to inform them that they were leaving and that another interviewer would be contacting them.

Additionally, staff took on extra responsibilities to make up for the staff member that was absent on sick leave for recovery. Everyone performed without complaint, and Renata Rhodes was especially helpful during her period as the only working FIS. She completed an unbelievable amount of questionnaires and took on additional responsibilities with good cheer.

IX. Technical Assistance and Trainings:

- Describe training activities that have occurred for your community this quarter.

Community Empowerment Project Training/Attendee Summary Sept. 2003-Feb. 2004

Trainings Sept.2003-Feb.2004	Attendees each	Satisfaction Rate (%)	# of trainings	# of trainees all	Satisfaction all
Cross Agency System (CAS) - November 2003	6	100.00%	2	34	100.00%
Cross Agency System (CAS) - Feb 2004	28	100.00%			
Engaging Families, a Provider Training - Sep 2003	7	97.22%	1	7	97.22%
Individual Education Plan (IEP) - Oct 2003	7	100.00%	1	7	100.00%
Individualized & Tailored Care Training - Dec 2003	7	No Response	1	7	No Response
Parent Partner Monthly Meeting - Sept 2003	11	94.44%	7	47	98.38%
Parent Partner Monthly Meeting - Oct 2003	14	100.00%			
Parent Partner Monthly Meeting - Nov 2003	5	95.83%			
Parent Partner Monthly Meeting -Dec 2003	6	100.00%			
Parent Partner Monthly Meeting -Jan 2004	7	100.00%			
Parent Partner Monthly Meeting - Feb 2004	4	100.00%			
STS - Advocacy Training @ Clearview - Sept 2003	7	100.00%	5	27	100.00%
STS - Advocacy Training @ Clearview -Feb 2004	8	100.00%			
STS - How MH Sys Works Training - Feb 2004	12	100.00%			
	129		17	129	99.12%

X. Sustainability

- *List percentages of your match funds which comes from public or private sources*

We have the required CMHI match for the first and second quarters of the grant year covering September-February 2004 in the amount of \$1,121,750.00. The match is 100% public funds.

XI. Lessons Learned

- *Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.*

The accomplishments and challenges for the Clark County Community of Care are currently being reviewed by the Advisory Council and the subcommittees. As previously stated, these lessons and accomplishments will be documented in a report to the community.